

Phone: 852-2218  
Fax: 852-1553

**Norwalk Hospital**

# Fax

**To:** Commissioner Cristine Vogel  
Office of Health Care Access

**From:** David W. Osborne

**Fax:** 860-418-7053

**Date:** May 11, 2004

**Phone:**

**Pages:** 11

**Re:** LOI Renovation of Obstetrics Unit

**CC:**

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

**•Comments:**

RECEIVED

2004 MAY 11 PM 12:48

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS



David W. Osborne  
President

# Norwalk Hospital

Norwalk,  
Connecticut 06856

May 11, 2004

RECEIVED  
2004 MAY 11 PM 12:51  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

## Via Facsimile and Letter

Commissioner Cristine Vogel  
Office of Health Care Access  
410 Capitol Avenue, MS 13HCA  
Post Office Box 340308  
Hartford, Connecticut 06134

**RE: Letter of Intent  
Renovation of Obstetrics Unit**

Dear Commissioner Vogel:

Attached please find the Letter of Intent/Waiver Form 2030 for the Renovation of Obstetrics Unit project.

Please forward any written correspondence to Susan Santoro, Director, Program and Business Development, 34 Maple Street, Norwalk, Connecticut 06856, email at [susan.santoro@norwalkhealth.org](mailto:susan.santoro@norwalkhealth.org) or by phone at 203-852-2025.

Thank you for your consideration.

Sincerely,

David W. Osborne  
President and Chief Executive Officer

cc: Paul Nurick  
Susan Santoro  
Frank Murphy, Esq.



# **State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

## **SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Norwalk Hospital	
Doing Business As		
Name of Parent Corporation	Norwalk Health Services	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Maple Street Norwalk, Connecticut 06856	
Applicant type (e.g., profit/non-profit)	Not-for-Profit	
Contact person, including title or position	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	Maple Street Norwalk, Connecticut 06856	
Contact person's phone #, fax # and c-mail address	203.852.2025 (Telephone) 203.899.5063 (Fax) susan.santoro@norwalkhealth.org	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. , Proposal/Project Title:

Renovation of Obstetrics Unit

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:☐ New (F, S, Fnc)☐ Replacement☐ Additional (F, S, Fnc)☐ Expansion (F, S, Fnc)☐ Relocation☐ Service Termination☐ Bed Addition☐ Bed Reduction☐ Change in Ownership/Control☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:☒ Project expenditure/cost greater than \$ 1,000,000☐ Equipment Acquisition greater than \$ 400,000☐ New☐ Replacement☐ Major Medical☐ Imaging☐ Linear Accelerator☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

34 Maple Street, Norwalk, Connecticut 06856

- d. List all the municipalities this project is intended to serve:

Norwalk Hospital Primary Service Area includes City of Norwalk, New Canaan, Westport, Wilton and Weston as well as surrounding towns.

- e. Estimated starting date for the project: September 2004

- f. Type of project: 3,31 (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$ 1,900,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 1,900,000 -
Medical Equipment (Purchase)	-
Imaging Equipment (Purchase)	-
Non-Medical Equipment (Purchase)	\$
Sales Tax	-
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$ 1,900,000</b>
Fair Market Value of Leased Equipment	-
<b>Total Capital Cost</b>	<b>\$ 1,900,000</b>

Page 4 of 9  
5/10/04**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**SECTION IV. PROJECT DESCRIPTION (CONTINUED)**

Norwalk Hospital seeks regulatory approval to renovate the Inpatient Obstetrical Unit located at Norwalk Hospital with street location at 34 Maple Street, Norwalk, Connecticut 06856. In the late 1980's, Norwalk Hospital completed a major modernization and as part of that project, inpatient Women and Children services were consolidated on the fourth floor of the Hospital campus spanning the Dana, Bedford, and Tracey Pavilions and North Wing. Services include a post-partum unit, a labor/delivery/recovery (LDR) suite, a pediatric inpatient unit, pediatric intensive care unit, neonatal intensive care unit and departmental offices. While some minor updating has occurred during the early 1990's, the current environment for obstetrics falls below industry norms and does not meet the expectation of consumers based on regional standards.

Nationally, over the past ten years, healthcare institutions have been changing to respond to competitive pressures and consumer demand for family centered care environments. In the area of women and children services, this is especially true. Maternity patients have the option of facility selection, first with physician selection driven by that choice. Other elements of the delivery experience have changed with a more involved family and extended family role creating the need for amenities such as accommodation for sleep-overs and more inviting and comfortable visiting areas. Interior design schemes now emphasize a hospitality setting akin to hotels rather than an institutionalized setting.

The Fairfield County marketplace has responded to these national trends with hospital facility upgrades of obstetrical units having been completed by most area providers.

Norwalk Hospital has recently completed validation of the facility master plan with associated short and long term recommendations to address parking, decommission existing buildings and/or construct new facilities. This renovation project is an interim step as part of a broader longer-term facility solution for women and children services within the context of a facility master plan.

Norwalk Hospital population served would include Primary Service Area towns of City of Norwalk, Westport, Wilton, Weston and New Canaan as well as surrounding communities. The payor mix of the service would be consistent with current hospital and/or departmental profile.

In summary, the renovation of the inpatient obstetrical unit would provide patients and families with a more satisfying experience in an environment which is not only more family-focused but also aesthetically pleasing.



Page 7 of 9  
5/10/04

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
- ☐ The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

Page 8 of 9  
5/11/04**AFFIDAVIT (NOT APPLICABLE)**

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_,  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the  
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to  
the best of my knowledge, and that \_\_\_\_\_ complies with the appropriate and  
(Facility Name)  
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486  
and/or 4-181 of the Connecticut General Statutes.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

**Project Type Listing**

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

**Inpatient**

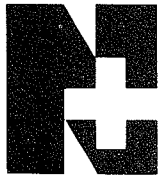
1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

**Outpatient**

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

**Non-Clinical**

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical



David W. Osborne  
President

RECEIVED

2004 MAY 12 AM 11:18

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

# Norwalk Hospital

Norwalk,  
Connecticut 06856

May 11, 2004

## Via Facsimile and Letter

Commissioner Cristine Vogel  
Office of Health Care Access  
410 Capitol Avenue, MS 13HCA  
Post Office Box 340308  
Hartford, Connecticut 06134

**RE: Letter of Intent  
Renovation of Obstetrics Unit**

Dear Commissioner Vogel:

Attached please find the Letter of Intent/Waiver Form 2030 for the Renovation of Obstetrics Unit project.

Please forward any written correspondence to Susan Santoro, Director, Program and Business Development, 34 Maple Street, Norwalk, Connecticut 06856, email at [susan.santoro@norwalkhealth.org](mailto:susan.santoro@norwalkhealth.org) or by phone at 203-852-2025.

Thank you for your consideration.

Sincerely,

David W. Osborne  
President and Chief Executive Officer

cc: Paul Nurick  
Susan Santoro  
Frank Murphy, Esq.



RECEIVED

2004 MAY 12 AM 11:18

**State of Connecticut**  
**Office of Health Care Access**  
**Letter of Intent/Waiver Form**  
**Form 2030**

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Norwalk Hospital	
Doing Business As		
Name of Parent Corporation	Norwalk Health Services	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Maple Street Norwalk, Connecticut 06856	
Applicant type (e.g., profit/non-profit)	Not-for-Profit	
Contact person, including title or position	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	Maple Street Norwalk, Connecticut 06856	
Contact person's phone #, fax # and e-mail address	203.852.2025 (Telephone) 203.899.5063 (Fax) susan.santoro@norwalkhealth.org	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title:

Renovation of Obstetrics Unit

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

34 Maple Street, Norwalk, Connecticut 06856

- d. List all the municipalities this project is intended to serve:

Norwalk Hospital Primary Service Area includes City of Norwalk, New Canaan, Westport, Wilton and Weston as well as surrounding towns.

- e. Estimated starting date for the project: September 2004

- f. Type of project: 3,31 (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$ 1,900,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 1,900,000 -
Medical Equipment (Purchase)	-
Imaging Equipment (Purchase)	-
Non-Medical Equipment (Purchase)	\$
Sales Tax	-
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$ 1,900,000</b>
Fair Market Value of Leased Equipment	-
<b>Total Capital Cost</b>	<b>\$ 1,900,000</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?



#### **SECTION IV. PROJECT DESCRIPTION (CONTINUED)**

Norwalk Hospital seeks regulatory approval to renovate the Inpatient Obstetrical Unit located at Norwalk Hospital with street location at 34 Maple Street, Norwalk, Connecticut 06856. In the late 1980's, Norwalk Hospital completed a major modernization and as part of that project, inpatient Women and Children services were consolidated on the fourth floor of the Hospital campus spanning the Dana, Bedford, and Tracey Pavilions and North Wing. Services include a post-partum unit, a labor/delivery/recovery (LDR) suite, a pediatric inpatient unit, pediatric intensive care unit, neonatal intensive care unit and departmental offices. While some minor updating has occurred during the early 1990's, the current environment for obstetrics falls below industry norms and does not meet the expectation of consumers based on regional standards.

Nationally, over the past ten years, healthcare institutions have been changing to respond to competitive pressures and consumer demand for family centered care environments. In the area of women and children services, this is especially true. Maternity patients have the option of facility selection, first with physician selection driven by that choice. Other elements of the delivery experience have changed with a more involved family and extended family role creating the need for amenities such as accommodation for sleep-overs and more inviting and comfortable visiting areas. Interior design schemes now emphasize a hospitality setting akin to hotels rather than an institutionalized setting.

The Fairfield County marketplace has responded to these national trends with hospital facility upgrades of obstetrical units having been completed by most area providers.

Norwalk Hospital has recently completed validation of the facility master plan with associated short and long term recommendations to address parking, decommission existing buildings and/or construct new facilities. This renovation project is an interim step as part of a broader longer-term facility solution for women and children services within the context of a facility master plan.

Norwalk Hospital population served would include Primary Service Area towns of City of Norwalk, Westport, Wilton, Weston and New Canaan as well as surrounding communities. The payor mix of the service would be consistent with current hospital and/or departmental profile.

In summary, the renovation of the inpatient obstetrical unit would provide patients and families with a more satisfying experience in an environment which is not only more family-focused but also aesthetically pleasing.

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
  - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
  - ☐ The cost of the equipment is not to exceed \$2,000,000.
  - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

**AFFIDAVIT (NOT APPLICABLE)**

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_,  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the  
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to  
the best of my knowledge, and that \_\_\_\_\_ complies with the appropriate and  
(Facility Name)  
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486  
and/or 4-181 of the Connecticut General Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

### **Project Type Listing**

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

#### **Inpatient**

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

#### **Outpatient**

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

#### **Non-Clinical**

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical